

<b>Case Number:</b>	CM15-0127389		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	08/03/2005
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male, who sustained an industrial injury on 8/3/05. He reported injury to his lower back after a heavy object fell on him. The injured worker was diagnosed as having right lumbosacral strain, right lumbosacral radiculopathy and myofascial pain. Treatment to date has included acupuncture, an epidural injection at L4-L5 and L5-S1 on 10/23/14 and physical therapy. Current medications include Motrin, Gabapentin and Flexeril since at least 3/3/15. As of the PR2 dated 5/18/15, the injured worker reports pain in the right lumbar ligament with some radiation of pain down the right lower extremity. He indicated pain relief with Motrin and Flexeril. Objective findings include lumbar range of motion decreased by 10%, tenderness and trigger point to the right iliolumbar ligaments and a positive straight leg raise test on the right at 40 degrees. The treating physician requested Flexeril 7.5mg and an epidural steroid injection at right L4-L5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2005 with use of Flexeril since at least March 2015. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 7.5mg is not medically necessary and appropriate.

**Epidural steroid injection at right L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

**Decision rationale:** Report noted unchanged ongoing chronic low back complaints with exam findings of limited range and provocative testing; otherwise without specific neurological myotomal or dermatomal deficits from diffuse symptoms. The provider noted the patient had ESI with 70% relief; however, without duration of benefit to support for the repeat ESI. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms; however, the clinical findings was without specific myotomal and dermatomal neurological deficits and to repeat a LESI in the therapeutic phase; Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The patient received a recent LESI on 11/12/14 without specified duration of pain relief without any change in medication dosing or profile nor was there any increased function or improved ADLs documented. Submitted reports noted unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Epidural steroid injection at right L4-5 and L5- S1 is not medically necessary and appropriate.